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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/020,451
		Filing Date	December 14, 2001
		Confirmation Number	1695
		First Named Inventor	Taylor, Charles S.
		Group Art Unit	3736
		Examiner Name	Robert Nasser
Total Number of Pages in This Submission		Attorney Docket Number	GUID-003CON3
ENCLOSURES (check all that apply)			
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment (for an order of the content of the cont	ment Papers Application) g(s) ng-related Papers to Convert to a onal Application tion, Power of Attorney of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Postcard
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Date March 6, 2003			OCT 1 7 2003
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AWC/mjs

File No. GUID-003CON3 Application No.: 10/020,451 Date Mailed: October 9, 2003 Filing Date: December 14, 2001

Inventor(s): Charles S. Taylor

Title: Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery

Enclosures:

• Request for Continuation (RCE) Under CFR 1.114 in Dup. (2 pgs.

Communication (1pg.)

 Copies of the Documents Filed March 13, 2003, as well as the Stamped Postcard we Received are Submitted Herewith (5pgs.)

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Atty: AWC/mjs

File No. GUID-003CON3

Date Mailed: Mar. 6, 2003

Application No.: 10/020,451

Filing Date: Dec. 14, 2001

Inventor(s): Taylor

Title: "Surgical Devices for Imposing a Negative Pressure to

Stabilize Cardiac Tissue During Surgery"

MAR 1 3 2003

Enclosures:

Non Fee Transmittal (1 page)

Signed Revocation of Power of Attorney (1 page)
Signed Power of Attorney/Statement under 37 C.F.R. 3.73(b) (1 page)

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